FOR necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of any delay is

05756

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05755

		PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)										
	-	ST ST	. MARY S				MARYLAND	o. STATE	MARY	LAND	b. COUNT		. MARY	18
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	UUII					4E	PEARSON, MARYLAND U.S.A.							
	13.	3. FATHER'S NAME						14. MOTHER	S MAIDEN N					
		LUTNER F. MILES						JAN	IE R.	HAMMET	Т			
		WAS OECEASEO EVE s, no, or unknown)				CIAL SECURITY	NO. 17.	INFORMANT			Addres	S		
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		IB. CAUSE OF D	EATH (Enter only	one cause pe	r line far (a)), (b), and (c).)						INTERVAL	BETWEEN
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	B	REMOVAL (Specify	APRI	L 22,	1967	ST.	GEORGE	CEMETE		VALLEY	LEE.		MARYL	AND
1		FUNERAL DIRECTO				AOORE				RY REGISTRAR	LEE REG	ISTRAR'S SIG	NATURE	
	W	.CLARKE	MATTINGL	EY L	EONARE	TOWN.	MARYLA	ND	DATE	1 4 13	101	land	2 June	The same

VR A15ME (5) 6M 1/67

the funeral director. Page 4 should be farworded to the Chief Medical Examiner's Office along with form

This certificate should be executed within 24 hours after death. If

TO DEPUTY MEDICAL EXAMINER:

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TILLIAM D. BOYO M.D.

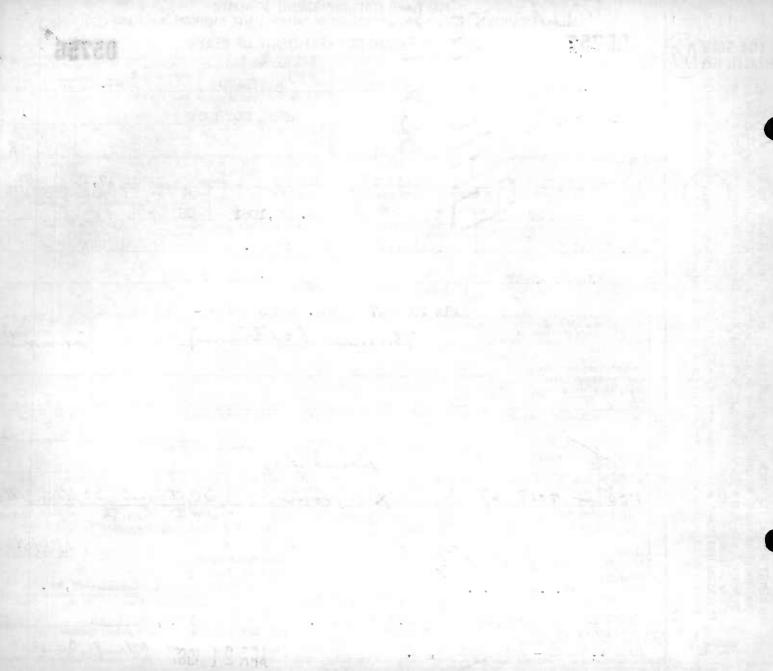
SURTAL APRIL 22, 1957 ST. CEORGE SEMETERY

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05757 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE A HEALTH DEPT V PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 2, and 3 to PM3. Poge a. COUNTY a. STATE b. COUNTY 10 ST. MARYS death. ST. MARYS MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) ofter RURAL SCOTLAND RURAL SCOTLAND d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS form hours ate NOX Item 18. Give Poges YES ofter death. 3. NAME OF Middle First 4. DATE 5 5 Last Month Day Уеог DECEASED OF west he (Type ar print) CULLISON BISCOE APRIL 17.XX 19 67 FLORENCE DEATH within Office along S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH AGE (In years NEVER MARRIED last birthday) Manths Days Haurs hours WIDOWED DIVORCED FEB. 20.1881 FEMALE NEGRO puo ever 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during mast af warking life, even if retired) INDUSTRY COUNTRY? 24 VNO HOUSEWIFE USA = Examiner's pages DOMESTIC PENNA. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pencil be executed within = File and TURNER ELIZABETH BENJAMIN HANDY WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. Chief Medical (Yes, na, ar unknawn) (If yes give war or dates af service removal MRS. HELEN WHITE - SAME AS # 2 214 28 4647 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART 1. DEATH WAS CAUSED BY ONSET AND DEATH 10 IMMEDIATE CAUSE (a) certificote should e, writing the ward forwarded to the Cl cremotion, DUE TO Canditions, if any, which gave (b) rise ta immediate cause (a), DUE TO stating the underlying cause 0 last. used as buriol, OS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO the certificote. pe 0 20a. EXTERNAL CAUSE WAS PRIMARY ☐ OF CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) designoted ogent, prior should CAUSE OF DEATH. 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (City ar tawn) (County) (State) factory, street, affice bldg., etc.) Nat While may be retained for your FUNERAL DIRECTOR: Poge St Mar 7:00 at wark at wark 21. I certify that I taok charge of the remains described obave, held an Autapsy Inspection X Inquiry X ond in my opinion death resulted fram: Accident X. director. Natural causes Suicide [Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER **SIGNATURE** O DEPUTY DEPUTY MEDICAL EXAMINER 10 **EXAMINER'S** Address (Street, city, tawn, ar county) LEONARDTOWN . MD . 5 may O FUNE Heolth WM.D.BOYD M.D. NAME (Type) 23b. DATE THEREOF 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 4/20/67 ST. PETERS CEM. RIDGE MARYLAND 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** 2Sa. REC'D BY REGISTRAR VR A15ME Messelas Judge LEONARDTOWN . MD . DATE P 6M 1/66 -

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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or, page		22c. PHYSICIAN'S NAME (Type	CHARLES	GREENW	ELL M.D.		22d. ADDR		NARDTOWN,	MARYLANI)	
Shauld	230	BURIAL, CREMATION BURIAL (Specify	1		23c. NAME OF CE			1000	Bd. LOCATION (City or			(Stote)
ata	-	. FUNERAL DIRECTO		15, 196	ADDRESS	HILL,	MARYLA 2	Sq. REC'D BY R	EGISTRAR 256	REGISTRAR'S SIGI	MARYLA	<u> </u>
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH のたづちの after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY remove carbon papers. Pages 1 n any event, within 72 hours after ST_MARYS

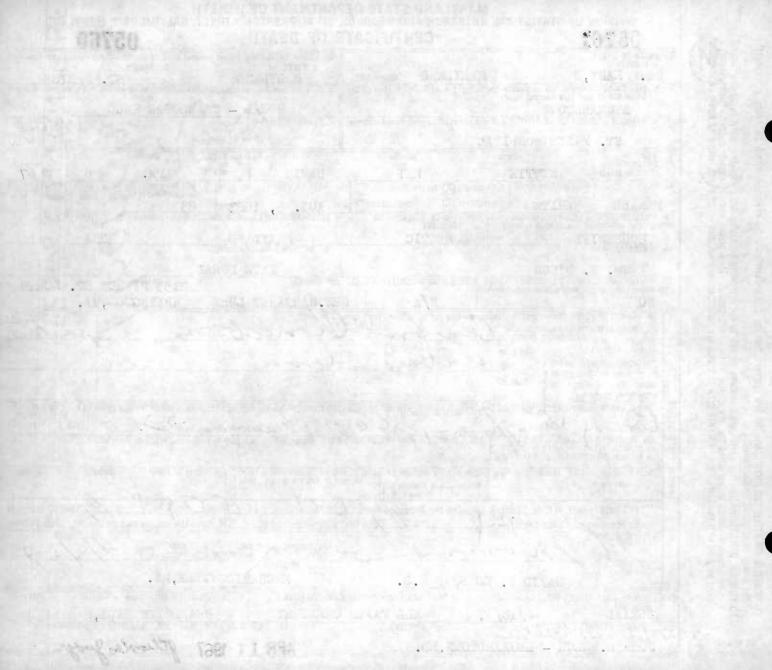
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) hours LEONARDTOWN RURAL - HOLLYWOOD d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? ST. MARYS HOSPITAL YES X BOX 338 NO L executed within 3. NAME OF DATE Month Year First Middle Last 4. Day DECEASED 1967 (Type or print) DEATH SR WASHINGTON AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. 5. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months I Days Hours WIDOWED DIVORCED 29 MALE lease re 12. CITIZEN OF WHAT 1Da. USUAL OCCUPATION (Give kind of work done) 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physician certificate be during most of working life, even if retired) INDUSTRY COUNTRY? FARMER FARM OWNER VIRGINIA USA removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CALLIS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. 17. INFORMANT been signed by the attenthe burial-transit permit. PHYSICIAN: The law requires that the death the hospital or attending physician. (Yes, no, or unkown) (If yes give war or dates of service) HOLLYWOOD MD. MR. NOAH W. CALLIS JR. 36 5475 INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate DUE TO (a), stating the as th underlying cause last. this certificate has CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. for use PERFORMED? NO T YES DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) 2Da. ACCIDENT WAS UNDERLYING of OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) I be detached State Dept. MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De, PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) factory, street, office bldg., etc.) should be Hour a.m. Not While While OR ATTENDING I at work at work FUNERAL DIRECTOR: Af director, page 3 should I hould be filed with the S . 19 ___ that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 19. _ to. M. from the causes and on the date stated above. saw the deceased alive on and that death occurred at 22b. DATE SIGNED 22a. SIGNATUR page . ATTENDING PHYS. STAFF M.D. DIRECTOR PHYS. 4 may PHYSICIAN'S 22d. ADDRESS 22C. IAME (Type) director, F. LEONARDTOWN . MD. JOHN FEWWICK M.D. should 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY (State) 0 REMOVAL (Specify) JOY CHAPEL CEMETERY HOLLYWOOD.MD **ADDRESS** 25a. VR A15 (4) DATE 15M 4-64

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in l	LEONARDTOWN RURAL - CHARLOTTE HALL
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physy physy plant	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
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tend hit.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 2153 PERCE ST. NORTH
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the horthis detack	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED County) While at work 19 Not While at work 20d. INJURY (Home, farm, factory, street, office bidg., etc.)
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ATT retz ECTC 8 sh with	saw the deceased alive of the causes and on the date stated above. 22a. SIGNATURE 22b. DATE/SIGNED
OR be Bee 3 ge 3 led v	M.D. ATTENDING MED. STAFF DIRECTOR DIRECTOR PHYS. DIRECTOR PHYS.
May MAL (22C. PHYSICIAN'S NAME (Type)
HOSPITAL age 4 may FUNERAL irector, pa	DAVID 1. MOSSMAM M.D. MECHANICSVIDIES, FD.
TO HOSPITAL Page 4 may O FUNERAL director, pa	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	BURIAL A/10/67 ALL FAITH CEMETERY CHARLOTTE HALL, MARYLAND 24/ FLAREAL DIRECTOR // // ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE
VR A15 (4)	JOHN M. WELCH - LEONARDTOWN, MD.
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Pages 1 urs after	-	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)		
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bon papers. within 72 h		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street add ST. MARYS HOSPITAL	d. STREET ADDRESS 5 37 ESSEX DR.	e. IS RESIDENCE ON A FARM? YES NO X
rbon with	3.		Last 4. DATE Month	Oay Year
remove carb	_	(Type or print) PATRICK LAMB	GORDON M.D. DEATH APRIL	11 19 67
3	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	last birthday) Months	R 1 YEAR FUNDER 24 HRS. Days Hours Min.
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	du	a. USUAL OCCUPATION (Give kind of work done Industry Indu	C	OUNTRY?
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	=	YES WW I 233 24 8216 A	MISS ELLEN W. GORDON - SAME AS	# 2 I INTERVAL BETWEEN
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		conditions, if any, which)	rolu Vasculu disease	
		gave rise to immediate		
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	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURREO. (Enter nature of injury in Part I or Part II of Item 18	8.)
	CAL		e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Co factory, street, office bidg., etc.)	ounty) (State)
	MEDICAL	Hour a.m. While Not While p.m. 19 at work	ractory, street, onice bigg., etc.)	4
	-	21. I certify that (I) (this hospital) attended the deceased fro	m// Feb 19/2/ to 4-1/ 196	that (I) (we) last
			d that death occurred at 40 70 from the causes and on	the date stated above.
		22a. SIGNATURE		DATE SIGNED
		J. C. King M. V	M.D. PHYS. MED. STAFF PHYS. 4	/11/67
	/	Zac. Physician's NAME (Type) J.C.ROA M.D.	LEXINGTON PARK, MARYLAND	
an pinone	23	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEN	NETERY OR CREMATORY 23d. LOCATION (City, town or co	ounty) (State)
	1	TRANSIT 4/13/67	CHARLESTON, WEST	
	1	A FUNERAL DIRECTOR VELLE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR APR 14 1967 Clearles	R'S SIGNATURE
	1	JOHN M. WELCH - LEONARDTOWN, MARYLAND	APR 14 1967 Steanles	Lordin
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05764 requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY ST. MARY S TNed in by the fur papers. Pages 1 thin 72 haurs after ST. MARY'S MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 21 DAYS RURAL MORGANZA. LEONARDTOWN d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) IS RESIDENCE ON A FARM? d. STREET ADDRESS FINed ST. MARY S HOSPITAL YES NO W combon ent, with 3. NAME OF 4. DATE Month Year Doy completely DECEASED 19 67 16. (Type or print) WILLIAM DEATH APRIL MATHEW HOLT S. SEX 9. AGE (In years IF UNDER 24 HRS. 6. COLOR OR RACE B. DATE OF BIRTH IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED remave and in any ev lost birthdoy) Doys Months Hours WIDOWED DIVORCED JULY 21.1896 COLORED pub 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) attending physician coermit. Then please during most of working life, even if retired) COUNTRY? INDUSTRY U.S.A MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the attending physi burial-transit permit. Then pl burial, crematian, or remaval, ADA DORSEY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service ETHEL M. HOLT MORBANZA. MARYLAND 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).
PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital or attending physician. 332X DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO s certificate has been sinched for use as the beat, of Health priar tab stating the underlying couse last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) NO YES 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year TO FUNERAL DIRECTOR: After this Hour o.m. foctory, street, office bldg., etc.) Not While ot work ot work 21. I certify that (1) (this haspital) attended the deceased fram . 19 . . . ta , 19___, that (1) (we) last M. fram causes and an the date stated above. saw the deceased alive an____ _______, and that death accurred at__ 220. SIGNATURE 22b. DATE SIGNED DIRECTOR M.D. PHYS director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) DAVID MOSSMAN M.D. GREAT MILLS. MARYLAND 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION (County) (Stote) BURLAL (Specify) APRIL 20.1967 MORGANZA, ST. JOSEPHS MARYLAND ADDRESS REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 harles W.CLARKE MATTINGLEY LEONARDTOWN, MARYLAND

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M. CUARRE HAT INGLEY LEGALARDTORN, HARYLAND

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05765 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEACTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a COUNTY a STATE b. COUNTY ST. MARY'S MARYLAND MARYLAND ST. MARY S delay b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Stote Deportmen puo write RURAL and give nearest tawn) LEXINGTON PARK RURAL LIFE RURAL LEXINGTON PARK d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? form NO X pencil in Item 18. Give Pages ADAMS PLACE YES This certificate should be executed within 24 hours after death. olang with NAME OF 4 DATE First Middle Last Manth Day Year DECEASED THELMA (Type or print) THERESA DEATH HURT NEVER MARRIED 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH AGE (In years lost birthdoy) Days Months WIDOWED DIVORCED FEMALE NEGRO MARCH 12.1967 Office 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during mast af warking life, even if retired) INDUSTRY COUNTRY? haurs after Examiner's U.S.A. MARKLEND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME E FRANCIS STEWART BARBARA HURT WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO Address Chief Medical (Yes, na, ar unknown) (If yes give war ar dates of service pending" within MOTHER 2 ABOVE SAME AS 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH event IMMEDIATE CAUSE (o) e, writing the word forwarded to the Ch DUE TO ony Conditions, if any, which gave rise to immediate cause (a), ond in DUE TO stating the underlying cause 0 used 19. WAS AUTOPSY removal. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? the certificate, NO X 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 3 should 10 PRIMARY Or CONTRIBUTING should AL EXAMINER: CAUSE OF DEATH. cremotion. 20d INTURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (Caunty) (State) Haur o.m. factory, street, office blda., etc.) While Not While at wark pleose execute at wark 21. I certify that I taak charge of the remains described above, held an Autopsy Inquiry [X] Inspection X ond in my opinion Natural causes V Suicide death resulted from: Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE FUNERAL DEPUTY MEDICAL EXAMINER **EXAMINER'S** Heolth WILLIAM D. may NAME (Type) BOYD M.D. Address (Street, city, tawn, ar county) 23a. BURIAL, CREMATION 23h DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City ar Tawn) 0 BURIAL (Specify) APRIL 14.1967 ST. ALOYSIUS CEMETERY LEONARDTOWN. 24. FUNERAL DIRECTOR VR A15ME (5) Miories Judge W. CLARKE MATTINGLEY LEONARDTOWN, MARYLAND 6M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH

1 7 2 VALVE TO GRAINE And details. Jasus AND MOTORINAL PARCE TOP I WATA T THIEMA TACTOR URT APRIL 13, FEMALES - NEONG - COLONIA VANCH 12,14670 H MANY DIE ARRECTED BUTTERS TRANSTE STOWART 1.0 TOTHER SAME AS E ZINGNE 47/2//h ,E, H aves , diwallant SURIAL TO APPRIL 14, 1/6/ ST. ALOVERUS SENERENY - CEOTRESTOMY, C ST. MARY C, C. W. GLARKE MATERIALEY LEONARDFOWN, MARYLAND: 49 H FM 1967 - 20 Correct Maryland:

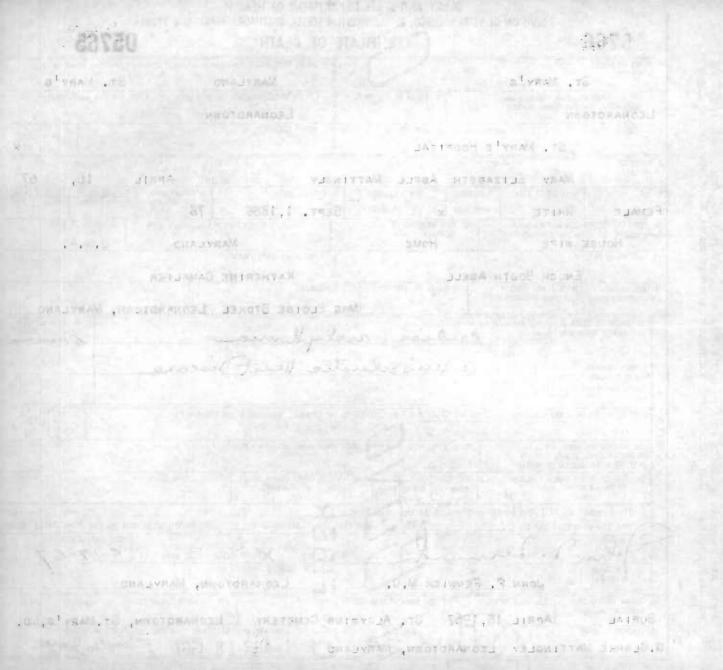
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07228 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07206 FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission) a. COUNTY , deloy is ond 3 to Maryland Poge St. Mary's MARYLAND b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
Near Gardiner's Mill c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 PM3. Abel1 d. STREET ADDRESS e IS RESIDENCE ON A FARM? FNAMENT HOSPIAL OF WILLIAM (IS not in the series give tree medicity and cs. torm ville-Chaptico Road in Item 18. Give Poges YES NO ofter death. along with 3. NAME OF Middle 4. DATE Found: Month First Year Day DECEASED JOSEPH JONES 25 19 67 (Type or print) KENNETH DEATH IF UNDER | YEAR 6. COLOR OR RACE DATE OF BIRTH IF UNDER 24 HRS 7. MARRIED NEVER MARRIED AGE (In years last birthday) Months Dovs Hours death. WIDOWED X DIVORCED 24 hours Office Male. Colored 8-17-02 64 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) offer OYSTER & FISH COUNTRY? MARYLAND USA pages pencil i This certificate should be executed within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JAMES D. JONES ANN E. HOPPS = IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. I the Chief Medical (Yes, no, or unknown) (If yes give war ar dates of service) within 220 16 4656 MARY L. MACK -COLTON POINT - MD. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit in ony event ONSET AND DEATH Multiple traumatic injuries IMMEDIATE CAUSE (o) writing the word DUF TO Conditions, if any, which gove forwarded to rise ta immediate cause (a). DUE TO stating the underlying cause 0 pup 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) removol, please execute the certificate, YES X NO 2Dg. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part II of item 1B.) 3 should PRIMARY or CONTRIBUTING buriol, cremotion, or CAL EXAMINER: CAUSE OF DEATH Presumably struck by auto then thrown in stream 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 2Df. (City or town) 20c. TIME OF INJURY Month, Day, Year (State) Haur o.m. Not While X foctory street office bldg., etc.) Unknown 10 FUNERAL DIRECTOR: Poge at wark Unknown 21. I certify that I taak charge of the remains described above, held an Autapsy [X], Inspection Inquiry I, and in my apinian Natural causes Accident X director. death resulted fram: Suicide | Hamicide Undetermined manner be retoined CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Health priar funerol TO DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5-5-67 NAME (Type) RUSSELL S. FISHER, M.D. Address (Street, city, town, or county) 23a. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 0 BURA AL 5/8/67 SACRED HEART CEMETERY BUSHWOOD . MARYLAND 2Sa. REC'D BY REGISTRAR **ADDRESS** 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) Ocharles M. WELCH - LEONARDTOWN . MD.

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 95766 CERTIFICATE OF DEATH within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY ST. MARY 8 ST. MARY S MARYLAND MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
LEONARDTOWN c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) and completely filled in by the move carban papers. Par any event, within 72 hours LEGNARDTOWN e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ST. MARY S HOSPITAL YES NO K NAME OF Middle First 4. DATE Month Year Lost Doy DECEASED OF 19 67 MARY ELIZABETH ABELL MATTINGLY APRIL 16. (Type or print) DEATH executed IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lost emove birthdoy) Doys Months Hours SEPT. 1.1888 FEMALE WHITE WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT and in requires that the deoth certificate be physician to during most of working life, even if retired)
HOUSE WIFE COUNTRY? INDUSTRY MARYLAND U.S.A. HOME 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME buriol, cremotion, or removol, attending phy permit. Then ENOCH BOOTH ABELL KATHERINE CAMALIER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service MRS ELOISE STOKEL LEONARDTOWN. MARYLAND 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the buriol-tronsit p ONSET AND DEATH IMMEDIATE CAUSE (o' Page 4 moy be retained by the hospital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse the prior to PHYSICIAN: The low 05 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Dept. of Heolth YES [NO certificate far 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) this Not While Hour o.m. foctory, street, office bldg., etc.) State TO HOSPITAL OR ATTENDING of work at work **DIRECTOR:** After 21. I certify that (I) (this hospital) attended the deceased from . 19____, that (I) (we) last 19 ____, to_ M, fram couses and an the date stated obove. _, and that death occurred at. sow the deceased alive on 22b. DATE SIGNED 220 SIGNATURE M.D. DIRECTOR PHYS. filed director, poge should be filed 22d. ADDRESS 22c. PHYSICIAN'S FUNERAL NAME (Type) JOHN P. FENWICK M.D. LEONARDTOWN. MARYLAND 230. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) APRIL 18.1967 ST. ALOYSIUS CEMETERY 9 LEONARDTOWN ST MARY S MD.
REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) Milarles Judge W. CLARKE MATTINGLEY LEONARDTOWN. MARYLAND



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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funerol funerol	1.	PLACE OF DEATH o. COUNTY ST.	Mary 1s		MAR	YLAND	2. USUAL RESIDENCE (1 o. STATE	Where deceos	ed lived, if institut b. COUI	ion: Residence befor	14
afte ges af		b. CITY OR TOWN (If outside corporate limit	s,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If ou		e limits, write RUI		
within 24 hours after by filled in by the furnith of papers. Pages within 72 hours after		LEONARDTO	give nearest tawn)		20 HRS		LEONAR	DTOWN.		18-1	
ho in t		d. NAME OF HOSPIT	AL OR INSTITUTION (If n	ot in hospitol, g			d. STREET ADDRESS	D TO WAY			e. IS RESIDENCE
filled pape thin 7:	1		ST. MARY S	HOSPIT	AL.		LAWRENC	E AVEN	IIE		ON A FARM? YES NO
	3.	NAME OF		irst	Middle		Lost	4. DATE	Mont		
campletely fi		DECEASED (Type or print)	WILLIAM		DOMNICK	Ma	TTINGLY	OF DEATH	APRIL	11.	1967
unplett eve cort	S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	рП	B. DATE OF BIRTH		AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HR
that the deoth certificate be executed within 24 hours after on. by the ottending physicion and campletely filled in by the furnosit permit. Then please remove carbon papers. Pages I cremation, or removol, and in any event, within 72 hours affect	1	VALE	WHITE	WIDOWED	DIVORCE		JUNE 4, 1886		birthdoy)	Months Doys	Hours Min.
that the deoth certificate be ex- ion. by the ottending physicion and tronsit permit. Then pleose rem cremation, or removol, ond in art	10	. USUAL OCCUPATION	(Give kind of work done	10b. KI	ND OF BUSINESS OR		11. BIRTHPLACE (County	& Stote, or for		12. CITIZEN OF	WHAT
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ysic ple ple ol, o	13	. FATHER'S NAME					14. MOTHER'S MAIDEN				
ph nen novo		WILLI	AM CLEMENT	MATTIN	GLY		MARY MAGE	ALENE	HAYDEN		
Ter Ter	15	. WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16	SOCIAL SECURITY NO.	17.	INFORMANT		Addre	55	
offending permit. The	(4	es, no, or unknown) NO	(If yes give wor or dotes	of service)		AMA	ANDA MATTING	LEV	LEGNARD	TOWN, MAR	VIAND
pel pel	F	IB. CAUSE OF DE	ATH (Enter only one co	use per line for	(f) (b), ond (c).)	1			BEOMANO		RVAL BETWEEN
ma th		PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE		Vsa	nan	unation	X1		, QN	SET AND DEATH
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e h a se h a	MEDICAL CERTIFICATION										S NO
ficate for us fikealt	TIFIC	20o. ACCIDENT WAS		20b. DE	SCRIBE HOW INJURY O	CCURRED.	(Enter noture of injury in	Part I or Port	II of item 1B.)		
- F - P 0	E	OR CONTRIBUTING (IF EITHER, NOTIFY	MEDICAL EXAMINER)								
PHYSIC ne hospi this cert etoched Dept. o	DICAL	20c. TIME OF INJU	JRY Month, Doy, Yeor		JURY OCCURRED	20e. PLA	CE OF INJURY (Home, form	ı, 20f.	(City or town)	(County)	(Stote)
و ح ب خ و	ME	Hour o.n p.n	10	While of well	Not While of work	toct	ory, street, office bldg., etc.)				
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A S C S S		220. SIGNATURE	160 =		100	1100	ATTENDING -	MED.	STAFF -	22b. DATE SION	D /
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		22c. PHYSICIAN'S NAME (Type)	A Saura 6	film	11 0		22d. ADDRESS		44	1/	/
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Poge 4 may Poge 4 may Co FUNERAL director, po should be fi	23	BURIAL, CREMATIC REMOVAL (Specify)	//		23c. NAME OF CEM			23d. LO	ATION (City or To	wn) (County)	(Stote)
5 6 5 2 4		REMOVAL (Specify		14,196	ST. ALO	YSIU	S CEMETERY	LEO	NARDTOWN	ST MARY	B.MD.
VR A15 (4)		4. FUNERAL DIRECTO			ADDRESS			BY REGISTR	1 AMI	GISTRAR'S SIGNATUR	tee !
25M 1/67	V	CLARKE !	MATTINGLEY	LEONA	ROTOWN, MA	RYLA	ND DAPR	18 19	367	my corres	0

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requires that the death certificate be executed within 24 haurs

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 05768 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b COUNTY ST. MARY S ST. MARY'S MARYLAND MARYLAND CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporote limits, write RURAL and give neorest town) LEONARDTOWN 7 DAYS RURAL LEXINGTON PARK. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d STREET ADDRESS ST. MARY'S HOSPITAL YES NO W 3. NAME OF Last 4. DATE First Month Day Year DECEASED (Type or print) MACK DEATH MUNGO APRIL IF UNDER 24 HRS IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED last birthday) Manths Days Hours MALE WIDOWED I DIVORCED MAY 5.1878 NEGRO IDa. USUAL OCCUPATION (Give kind af wark dane during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? LANCASTER SOUTH CAROLINA
14. MOTHER'S MAIDEN NAME LABORER 13. FATHER'S NAME LOUIS MUNGO MARGARET BLADNIE 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give war ar dates of service) 51-86-6974 MATTIE CATES LEXINGTON PARK. MARYLAND INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH (Enter only one cause per line) for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave (b) rise to immediate cause (o), DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) **WAS AUTOPS** PERFORMED? NO 20g. ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Part II af item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 2Df. (City or town) (County) (State) Not While Hour a.m. factory, street, office bldg., etc.) at work at wark 196 21. I certify that (1) (this haspital) attended the deceased fram. 196/. that (1) (we) last 19 6 and that death accurred at M. fram couses and an the date stated above saw the deceased glive an 2-7 220. SIGNATURE DATE SIGNED ATTENDING STAFF PHYS. M.D. DIRECTOR PHYS 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) ERNEST REHM LEXINGTON PARK, MARYLAND NAME OF CEMETERY OR CREMITERY 23a. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (State) DEMOVAL (Specify) hancasles 25b. REGISTRAR'S SIGNATURE 25g. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR

W.CLARKE MATTINGLEY LEONARDTOWN, MARYLAND

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05769 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after deoth. funeral 1 ond 2 ter death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Poges 1 ST. MARY S ST. MARY S MARYLAND MARYLAND b. CITY OR TOWN (If outside carparate limits, write RURAL and give neorest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) DAYS RURAL GREAT MILLS. papers. .⊆ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e IS RESIDENCE d. STREET ADDRESS ON A FARM? filled ST. MARY S HOSPITAL YES NO NAME OF Middle Lost 4. DATE Month Doy remove carbon Year completely DECEASED VIOLET event, (Type or print) BEAN NORRIS DEATH APRIL 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYPAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday Months Days Hours WIDOWED ond in ony DIVORCED FEMALE WHITE AUGUST 11, 1902 pup 1Da. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT physicion a during most of working life, even if retired)
HOUSE WIFE INDUSTRY COUNTRY? HOME MARYLAND U.S 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, THOMAS W. BEAN ELIZABETH EVANS 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 17. INFORMANT Address LEONARDTOWN, MD 16. SOCIAL SECURITY NO. ELMER LEE NORRIS STAR ROUTE BOX 39 buriol, cremation, 18. CAUSE OF DEATH (Enter only one couse per line for (o) (b) INTERVAL BETWEEN ond (c).) signed by the burial-tronsit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) by the hospital or ottending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse prior to the has been last as WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL NOVION GIVEN IN PART 1(a) Stote Dept. of Heolth YES NO this certificate 10 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 2Do. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m foctory, street, office bldg., etc.) Not While ATTENDING of work **DIRECTOR:** After 21. I certify that (V) Nais al) attended the deceased fram TO HOSPITAL OR ATTEND Poge 4 moy be retained and that death accurred at 1.0 M. from couses and saw the deceased alive an an the date stated abave 220 SIGNATI SIGNED **ATTENDING** M.D. PHYS RECTOR PHYS. director, page should be filed 22d. ADDRESS 22c O FUNERAL AME (Type) P JARBOE M. D. JAMES/ GEAT MILLS. MARYLAND 23o. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAY (Specify) HOLY FACE CEMETERY 24. FUNERAL DIRECTOR

LEONARDTOWN, MARYLAND

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W. CLARKE MATTINGLEY

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	(Type or print) S. SEX Female	6. COLOR OR RACE White	7. MARRIED WIDOWED	Patricia NEVER MARRIED DIVORCED	8. DA	LKERTON TE OF BIRTH 24.1945	DEATH	9. AGE (In years lost birthdoy)	IF UNDER I		19 6 7 F UNDER 24 HR: Hours Min.
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permit. File pages 1and2 with within 72 hours after death.	1S. WAS DECEASED EVE (Yes, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dates	of service)		INFOR	MANT S. PILKER	RTON	Addres	S		
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urial,	death resul	y that I taak charg ted fram: Natur		mains described abave, Accident [], S		Autopsy X, Hamicide CHIEF MEDICAL I		ian [], Inqui Indetermined ma	,		n my opinio
ealth priar ta burial,	ACTUAL SIGNATURE C EXAMINER'S	Charles S	Sprin	gate, M.D.	M.C	ASSISTANT MEDI DEPUTY MEDICAL	CAL EXAMINER		April		DATE SIGNED
TO FUNERAL DIRE	NAME (Type) 230. BURIAL, CREMATI- REMOVAL (Specify	ON. 23b. DATE TH	EREOF	23c. NAME OF CEMETERY			23d. 10	OCATION (City or Tow	n)	(County)	(Stote)
ME (5) AM	24. FUNERAL DIRECTO	DR .		ADDRESS		2Sq. REC'D		***	SISTRAR'S SI		
A by	W.CLARKE M	MILINGLEY	LEONAR	DTOWN, MARYLA	ND	DAIL	NAI	1967 /		1	

TO THE RESERVE TO THE PROPERTY OF THE PROPERTY STREET STREET THE PARTY OF THE The state of the s . M.C. J CHALVERS John S. Pilkerton Schaeffe Gear WOTH EXCIT IE CHOL BURNAL CAPRIL SC, 1967 ST. Johns Contient Pricewood, St. Way'n, May W. DEARNE WITHHOLEY ECONAROTON, MARYEANS ... THER 2.1 MERY ...

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05771 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 2. USUAL RESIDENCE (Where deceosed lived, if institution: Lestinate California in the control of PLACE OF DEATH 2, and 3 to PM3. Page o. COBNTY o. STATE b. COUNTY ST. MARYS of MARYLAND MARYLAND SUPPLEMENTS! b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) after RURAL - BRANDYWINE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? form OUFS 10 State RT. 1 BOX 34 Give Poges YES NO T hours after deoth. Office along with NAME OF Middle First Lost 4 DATE Month Doy Year DECEASED OF the Within JOHNNIE PRESTON (Type or print RIGSBEE DEATH APRIL 19 with S. SEX IF LINDER I YEAR IF LINDER 24 HRS. 6. COLOR OR RACE 7 MARRIED DATE OF BIRTH AGE (In years NEVER MARRIED lost birthdoy) Months Hours Dovs tem 18. MALE WHITE WIDOWED DIVORCED 18/1020 event N puo 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? 24 NORTH CAROLINA TRAILER .⊆ Examiner's pages n ony US 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME pencil be executed within RUFUS RIGSBEE ANNIE TAPP File puo 15. WAS DECEASED EVER IN U.S. ARMED FOR CES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. Chief Medicol (Yes, no. or unknown) (If yes give wor or dotes of service 'pending" removal. RIGSBEE _ SAME AS # 2 NO MRS. CAROLYN M. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH 0 IMMEDIATE CAUSE (o) writing the word This certificate should cremotion, DIJE TO Conditions, if ony, which gove 10 rise to immediate couse (o), DUF TO stoting the underlying couse 0 05 last buriol, peso PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS Y PERFORMED? NO Y please execute the certificate. 0 20o. EXTERNAL CAUSE WAS PRIMARY LO OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) agent, prior 3 should pluods CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) Not While Pout 234 While FUNERAL DIRECTOR: Poge S+ Mar at work designated Inquiry X and in My opinian 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection X the funerol director. death resulted fram: Natural causes Accident X Suicide Hamicide Undetermined manner CHIFF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 10 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Heolth Address (Street, city, town, or county) T. FON ARDTOWN . MD. NAME (Type) D. BOYD M.D. 23b. DATE THEREOF BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 0 4/4/67 DURHAM. NORTH CAROLINA 2So. REC'D BY REGISTRAR 25h REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS VR A15ME (5) APR LEONARDTOWN . MD. 6M 1/66

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15-1	DIVISION OF STATISTICA	MARYLAND STATE DE	, 301 W. PRESTON ST	TREET, BALTIMORE	1, MARYLAND
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e death c the attenc it permit. nation, or r	NO CAUSE OF OFATH (February)		RS. DOROTHY W.	SMITH LEONAR	DTOWN, MD.
SICIAN: The law requires that the death certificate be hospital or attending physician. s certificate has been signed by the attending physician suched for use as the burial-transit permit. Then please spt. of Health prior to burial, cremation, or removal, and it	18. CAUSE OF OEATH [Enter only one PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a	My - 0 0	Inforction	n	ONSET AND DEATH
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PHYSICIAN: the hospital this certifi detached fo e Dept. of H	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINE	R)			
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ATTE retail	saw the deceased alive on		t death occurred at		on the date stated above
AL OR hay be lay be a page 3 filed w	Jenu re	M.I	ATTENDING MED.		4/29/67
	22c. PHYSICIAN'S NAME (Type) JOHN F.	FENWICK M.D.	22d. ADDRESS LEONARDTO		
O HOSPIT Page 4 m O FUNERA director, should be	a. BURIAL, CREMATION, 23b. DATE THE REMOVAL (Specify)	EREOF 23c. NAME OF CEMETER	Y OR CREMATORY 2	3d. LOCATION (City, town	or county) (State)
5-5-%	BURLAL 4/30/			ORT REPUBLIC Y REGISTRAR 25b. REGIS	MD. TRAR'S SIGNATURE
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15M 4-64	JOHN M. WELCH	LEONARDTOWN MD.	DATEMENT	1001	- Land

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

05773 CERTIFICATE OF DEATH within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY ST. MARY S
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND ST. MARY S MARYLAND cian and completely filled in by the ease remave carban papers. Pages and in any event, within 72 hours aft c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 17 YEARS RURAL HOLLYWOOD RURAL HOLLYWOOD d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO X NAME OF First Middle Lost 4. DATE Manth Doy Year DECEASED (Type ar print) 1967 13, FRANCIS LUCILLE SMITH APRIL DEATH requires that the death certificate be executed IF UNDER 1 YEAR | IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) Manths Days APRIL 4,1905 FEMALE WHITE WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11, BIRTHPLACE (County & State, ar fareign cauntry) during most of working life, even if retired)
HOUSE WIFE signed by the attending physician or burial-transit permit. Then please burial, crematian, or removal, and in CHARLOTTE, NORTH CAROLINA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ARTHUR D. VANDERBURGH MINERVA L. HAYES 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, ar unknown) (If yes give wor or dotes of service HAROLD J. SMITH HOLLYWOOD, MARYLAND INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line) for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital ar attending physician. DUE TO Canditians, if any, which gove rise to immediate couse (a). DUE TO stoting the underlying cause **D FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta 19. WAS AUTOPS)
PERFORMED? PART ANOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter hoture of injury in Port I or Port II of Jens OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d INIURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Haur o.m. factory, street, office bldg., etc.) ot work TO FUNERAL DIRECTOR: After . 19 . ta 21. I certify that (I) (this haspital) attended the deceased fram 19____, that (I) (we) last and that death accurred at _____M, fram causes and on the date stated above. saw the deceased alive on_ 22o. SIGNATURE 22b. DATE SIGNED DIRECTOR M.D. 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) A. SAMADI M. D. LEONARDTOWN. MARYLAND 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23d. LOCATION (City or Town) (State) REMOVAL (Specify) APRIL 16, 1967 Mr. ZION LAUREL GROVE. MARYLAND 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR

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W. CLARKE MATTINGLEY LEONARDTOWN. MARYLAND

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05774 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COLINTY o. STATE b. COUNTY death. ST. MARYS MARYLAND MARYLAND ST. MARYS delay 2 3 b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)

RURAL PARK HALL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) ofter RURAL - GREAT MILLS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS haurs Give Pages RT. 1 BOX 402 YES NO X after death. 3. NAME OF First Middle 4. DATE Last Manth Doy Year DECEASED OF DENNIS LEE STANLEY APRIL within (Type ar print) DEATH 1967 9. AGE (In years last birthday) S. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH 7. MARRIED NEVER MARRIED in Item 18. 3 Months Haurs Dovs MALE WHITE WIDOWED DIVORCED APRIL 2,1963 24 hours CV event pup 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT during mast of working life, even if retired) INDUSTRY COUNTRY? in ony d 'pending' in pencil in Chief Medical Exominer's BRISTOL. TENN. TISA pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within File and ELLIS LEE STANLEY MARY ANN THOMAS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, na, or unknown) (If yes give war ar dates af service) removal. MRS. MARY ANN STANLEY - SAME AS 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH 0 CRUSHING HEAD INJURIES IMMEDIATE CAUSE (a). icate, writing the word be forwarded to the Cl This certificate should cremotion, DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUF TO stating the underlying cause burial, a PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO X please execute the certificate, YES designoted ogent, prior to pe 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II af item 1B.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Page 4 should HGWY. STRIKING BRIDGE ABUTMENT 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) (State) 20c. TIME OF INJURY Manth, Day, Year (City ar tawn) foctory, street, affice bldg., etc.) Nat While FUNERAL DIRECTOR: Page 10:18 P.M. PARK HALL ST. MARYS at wark 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X and in my opinion be retained far the funeral director. death resulted fram: Homicide Natural couses Accident X Suicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Heolth or **EXAMINER'S** Address (Street, city, town, or county) LEONARDTOWN . MD . WM.D.BOYD M.D. NAME (Type) 23h DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. (Caunty) (State) 50 4/17/67 WALDORF, MARYLAND TRINITY MEMORIAL 2Sb. REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR LEONARDTOWN . MD. 6M 1/66 JOHNM. WELCH -

MARYLAND STATE DEPARTMENT OF HEALTH

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FOR STATE	/	Division of STATISTICAL RESEARCH AND RECORDS, 301, W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15775 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 15774
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plea plea plea plea plea plea plea plea		ACTUAL SIGNATURE C. F. WACK CARDY BY M. U.S.N.R. M.D. ASSISTANT MEDICAL EXAMINER
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TO DEPUTY MESTAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health or its designated age	21	NAME (Type) W. B. BOID, TIB., County Coroner Address (Street, city, tawn, ar county)
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05776 CERTIFICATE OF DEATH and 2 death. the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY ST. MARY S nd campletely filled in by the fur entrave carban papers. Pages 1 any event, within 72 haurs after requires that the death certificate be executed within 24 haurs after MARYLAND MARYLAND ST. MARY 8 b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b. DAYS RURAL LEGNARDTOWN d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS IS RESIDENCE ON A FARM? MEDLEY S NECK YES Y NO 3. NAME OF First Middle 4 DATE Lost Month Doy Year DECEASED JAMES H. (Type or print) WALLACE 1967 DEATH APRIL S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years 1 VFAR IF LINDER 24 HRS IVE birthdov) Months Dovs Hours ALE WHITE WIDOWED DIVORCED pulo 10a: USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) signed by the attending physician burial-transit permit. Then please andi INDUSTRY COUNTRY ? lywood 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova SXXXX TAHLWOOD WALLACE SARAH GATTON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service 10 MACE FORD LEONARDTOWN. MARYLAND burial, crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).) PART 1. DEATH WAS CAUSED 8Y: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) attending physician. DUE TO Conditions, if ony, which gove (b) rise to immediate cause (o). DUE TO stoting the underlying couse as the has been ATTENDING PHYSICIAN: The law last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? be retained by the hospital or O FUNERAL DIRECTOR: After this certificate YES NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) factory, street, office bldg., etc.) Not While of work ot work 21. I certify that (I) (this hospital) ottended the deceased fram. , 19.67, to . 1967, that (1) (we) lost shauld 19 67, and that death occurred at saw the deceased alive on 4 M, fram causes and on the date stoted above. 220. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS BOYD M. D D'. NAME (Type) LEONARDTOWN. MARYLAND directar, shauldi 23o. 8URIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) BURIAL (Specify) APRIL 10.1967 OUR LADY'S CHAPEL MEDLEY'S NECK ST MARY RECD BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) 25M 1/67 W. CLARKE MATTINGLEY LEONARDTOWN. MARYLAND

MARYLAND STATE DEPARTMENT OF HEALTH

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